ANA Homecare Limited

ANA Islington

Inspection report

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Date of inspection visit:
08 August 2018
09 August 2018

Date of publication:
15 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of ANA Islington on 8 August 2018. This was an announced inspection. We gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us. We returned on 9 August to complete the inspection.

ANA service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults of all ages that required support and care due to deteriorating health. At the time of our inspection there were 26 people who received personal care from the agency.

The service had a new registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The previous registered manager had left in January 2018 and the new manager had registered with the Commission in June 2018. The registered manager was supported by the provider, the general director, members of the office team and the care staff. They had appropriate training and experience to manage the regulated activity.

At our pervious inspection on 04 July 2017, we found that the provider's recruitment policy did not include processes if a criminal record check for potential employees came back as positive. At this inspection we found that this had been addressed.

At our previous inspection we found that the agency had not displayed the performance ratings as required by the law. At this inspection we saw that this matter had been addressed and the most current performance rating had been displayed.

At this inspection we found that the agency had not always managed people medicines as they should and there was a risk that people would receive their medicines not as intended by a prescriber. Issues related to medicines management included insufficient practice in transcribing medicines onto people's Medicines Administration Chats (MARs), the lack of individual PRN (when required) medicines protocols and changes to people's medicines not being clearly recorded.

The service had not fully assessed all risk to health and wellbeing of people who used the service. Risks related to people's behaviour that could challenge the service had not always been evaluated. Consequently, staff had not been given sufficient guidelines of how to provide care that was safe to staff and people who used the service. We saw other examples of risk assessment relating to other aspects of care, such us pressure ulcer prevention, manual handling and risk a of falls. We saw that these were sufficient.

We found that the agency had carried out regular quality assurance checks. However, we saw that these checks were not effective in identifying issues highlighted by us during the inspection. Therefore, they

needed to improve.

The agency worked within the principles of the Mental Capacity Act 2005. Staff had a good understanding about their role in supporting people lacking capacity. However, more information was required in people's files about individual people's abilities to make their own decisions.

There were systems in place to ensure people were protected from avoidable harm. These included appropriate recruitment procedures, adhering to safeguarding procedures and ensuring sufficient staffing levels so all people had been visited and supported as agreed. Staff at the agency also were aware of the provider's reporting of accidents and incidents procedures and were following appropriate infection control measures.

The agency had assessed people's care needs and preferences before they started receiving care. This information was then used to formulate people's individual plans of care.

Newly employed staff had received training and an induction in relation to the agency's policies and procedures as well as their roles and responsibilities as a care staff. Other staff had received yearly refresher training, regular supervision and a yearly appraisal of their skills. This was to ensure all staff had an appropriate level of knowledge and skills to support people in a safe and effective way.

People were supported to have sufficient food and drink that met their dietary requirement. When required staff ensured people had prompt access to appropriate health professionals.

People and their family members told us that staff who supported them were kind, caring, patient and compassionate. Staff communicated with people in the way people preferred and understood. This was possible because staff were provided with guidance on how to best communicate with people. The continuity of care from the same care staff helped to build positive friendly relationship with people and improve the effectiveness of communication between them

People's privacy and dignity was protected at all times. Staff received cultural awareness training to assist in providing a multi-cultural and multi-faith service. When providing personal care staff involved people and explained what they were doing. This way people could be reassured and be more comfortable when receiving personal care.

The agency provided care that was sensitive to people's need and personal preferences. People and their families could influence support that was provided and overall care package had been regularly reviewed.

The agency had a complaints policy in place and complaints had been dealt with appropriately and to people's satisfaction.

The agency provided end of life care and staff had received appropriate training to enable them to provide appropriate care and support to people and their family members during the final stages of their life.

People using the service, their relatives, the staff team and external social care professionals spoke positively about the quality of the service provided. They told us that some aspects of communication from the agency could improve, however, overall, they felt the agency was well managed.

The agency had encouraged people receiving the service and staff to give their feedback about the quality of the care provided by the agency.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made one recommendation which was related to working within the principles of the Mental Capacity Act 2015 (MCA).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines had not always been managed safely and there was a risk people would not receive their medicines as required.

Staff had not always been provided with sufficient guidelines on how to be safe when working with people whose behaviour could challenge the service.

Staff understood how to safeguard people from harm from others. Appropriate recruitment procedures in place ensured people were protected from unsuitable staff.

Is the service effective?

Good

The service was effective.

Staff had good understanding on how to support people who lacked capacity. People's care plans would benefit from more information on their ability to make own decisions.

Newly employed staff received training and were provided with induction to the agency and their role of a care staff.

Other staff received yearly mandatory refresher training as well as supervision and appraisal of their skills.

Staff supported people with their meals to ensure people receive enough nutritious food and drink that met their individual dietary needs.

People were supported to lead a healthy life and have prompt access to health professionals when needed.

Is the service caring?

Good

The service was effective.

Staff had good understanding on how to support people who lacked capacity. People's care plans would benefit from more

information on their ability to make own decisions.

Newly employed staff received training and were provided with induction to the agency and their role of a care staff.

Other staff received yearly mandatory refresher training as well as supervision and appraisal of their skills.

Staff supported people with their meals to ensure people receive enough nutritious food and drink that met their individua dietary needs.

People were supported to lead a healthy life and have prompt access to health professionals when needed.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and took into consideration people individual needs and preferences.

The service had a complaints policy and most people told us they were satisfied with how the agency dealt with their complaints.

Staff received end of life training to help to provide the most appropriate care to people at the final stages of their life.

Is the service well-led?

Requires Improvement

Some aspects of the service were not consistently well led.

The agency had displayed the most current inspection rating in their office and the agency's website.

There were quality monitoring systems in place. However, they were not always effective in identifying issues relating to management of medicines, managing behaviour that might challenge and gathering information on decisions people could make about the care received

A small number of relatives and staff stated that the communication from the agency could be more prompt. However, overall, they though the agency was well managed.

The agency had encouraged people receiving the service and staff to give their feedback about the quality of the care provided by the agency.

ANA Islington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 8 and 9 of August 2018. We gave the provider 48 hours' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

This inspection was carried out by one inspector, and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before and after our visit to the head office, we spoke with two people who used the service and 10 relatives.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

During the inspection, we spoke with the registered manager, the general manager, the training and recruitment manager and the nominated individual who was also the agency's owner.

During the inspection we reviewed eight people's care records, which included care plans, risk assessments and Medicines Administration Records (MRS). We also looked at nine staff files, complaints and quality monitoring and audit information.

Prior and following our visit, we emailed and called care staff employed by the agency. We received feedback from nine of them. We also contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from two of them.

Requires Improvement

Is the service safe?

Our findings

At our pervious inspection on 04 July 2017, we found that the provider's recruitment policy did not include processes if a criminal record check for potential employees came back as positive. At this inspection we found that this issue had been addressed. We saw that the provider's policy had included information on what action should be taken by the service if a prospective employee's Disclosure and Barring Services (DBS) included any information of concern. We saw that the provider followed a robust recruitment procedure to ensure only suitable staff were appointed to work with people who used the service. We looked at the files for four randomly selected new staff who were employed by the agency since our last inspection. We saw that appropriate recruitment checks were in place. These included DBS checks, enquiry about any previous gaps in new staff employment as well as suitable references being sought.

At this inspection we found that the agency had not managed people's medicines in a safe way and there was a risk people would not receive their medicines as prescribed. The majority of people who used the service managed their own medicines, or family members did this. The registered manager informed us that one person needed a low level of support which required staff to prompt (remind) them to take their medicines. Staff administered medicines to seven people using the service. We looked how the agency managed medicines for three of these people.

The level of support required for each person had been reflected in people's care plans. This also included information on where in people's homes medicines were stored and who was responsible for ordering, collection and disposal of people's medicines. We saw that this information was recorded in all care files viewed. However, some sections related to medicines support had not been fully completed. This included an up to date list of medicines and their side effects as well as the consent for medicines administration form was not always being signed by people or their representatives.

Each person who received support with medicines had a medicines administration record (MAR) in place. A MAR is a legal record of the medicines administered to a person using the service by a person formally assigned to do it, the agency's care staff. As such this document was required to have clear information on what medicines had been prescribed to a person, what dosage, when and how it needs to be taken. It should also clearly state who gave the medicines and if medicine was not given, what was the reason for that. We looked at the MARs produced by the service and we found a number of issues with how MARs were managed.

The management team told us that MARs were written by staff who was trained in medicines transcribing and administration. However, we found issues with how people's MAR were populated. There was no evidence available to show that details of medicines recorded on people's MARs were current and correct. We could not say if staff had the most up to date guidelines on how to administer medicine to people. Medicines lists recorded in people's care plans were not always complete or there was a discrepancy between medicines recorded in the care plan and on the MARs. The registered manager told us that they would take pictures of labels on people's medicines blister packs, to enable checks and to ensure information on blister packs and on MARs matched. This pictorial evidence was not available during our

inspection, therefore, we could not cross-reference it with details recorded on individual MARs. Additionally, when staff transferred information about people's medicines onto people's MARs the procedure had not included a check from another staff member to ensure that the information was transferred correctly.

We saw MARs did not always have full information about medicines prescribed. Consequently, there was a risk that people would not receive their medicines as it was intended by the prescriber. For example, one person's MARs from May 2018 did not have details of the strength for five prescribed medicines. On the same MARs, details of the frequency of administration was absent for two medicines. We also saw examples of similar omissions on other MARs for different people.

When people had been prescribed PRN (when required) medicines, we did not see appropriate protocols in place guiding staff on how and when to administer these medicines to people. Members of the management team confirmed that PRN protocols for individual people were not used. Because staff did not have clear guidelines there was a risk that PRN medicines would be administered incorrectly and harm to people may be the result.

When people's medicines had changed there was no clear procedure used to ensure this had been recorded. It was not clear when the change took place, who made that decision and why. There was no additional documentation available, such as a letter from a GP or other health professional. Therefore, we could not ascertain if the medicine changes were reflected correctly and that staff had guidelines on how to administer them. For example, one person's MARs for April, May and June 2018 had Codeine recorded as one of medicine to be administered during these months. We noted that the dose and the frequency of administration was different on each MAR. Additionally, on MARs for April 2018, Codeine was added twice and a different dosage was recorded against each entry. In another example, a pharmacy printed labels with instruction on how to administer medicine was used on MAR. The printed information was crossed out and new instruction was written with a pen. It was not known who made the change, when and what was the correct dose of the medicine prescribed to the individual.

We noted that the registered manager had carried out regular audits of people's MARs. We saw that they identified gaps in recording of medicines administration and that action had been taken to ensure staff recorded medicines administration at all times. However, we saw that the issues with medicines management identified by us at the inspection had not been identified during the audit process.

The agency had a medicines and PRN administration policy in place which gave staff guidelines on how to manage people's medicines. However, based on examples of shortfalls described above these guidelines had not always been followed.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke about the identified issues with medicines administration and MARs with the management and they assured us they would take action and implement changes to ensure staff always had clear guidelines on how to administer medicines to people.

We found that the agency had not always assessed all risks to health and wellbeing of people who used the service. Consequently, staff had not always been provided with clear guidelines on how to protect people and provide safe care and treatment at all times. For example, two people using the service due to their complex needs and progressive illness exhibited behaviour that could challenge the service. This included aggressive behaviour towards staff and relatives. We saw that this has not been reflected in those people's

care plans as well as in their risk assessments and risk management plans. Therefore, there was a risk that staff would provide care that was not safe to them or people who they supported.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we saw that other risks to health and wellbeing of people who used the service had been assessed and staff were provided with guidelines of how to care for people safely. These included risks associated with moving and handling and assistance in transferring people, pressure sores, swallowing and epilepsy. We also saw that the provider had carried out risk assessment on equipment in people's home, for example hoist, wheel chair and shower chairs. This was to determine suitability, service history and if the equipment was in good working condition. The provider also carried out an environmental risk assessment in people's homes to ensure people lived in a safe environment and staff were safe when visiting people.

The service had systems in place to report any accidents and incidents and care staff were required to report any such happenings to the office as soon as they occurred. The general manager told us that there were no accidents and incidents since our last inspection in July 2017. They said if any accidents or incidents occurred, staff would be expected to complete an accidents and incidents form to make a record of the event. Staff we spoke with confirmed that they were aware of the providers accident and incident reporting procedures and had not witnessed any accidents and incidents, however, if they occurred they would contact the office immediately to report it. During our inspection we did not come across any record suggesting that an incident or accident had happened but was not reported appropriately.

Staff received training in infection control procedures and they used appropriate personal protective equipment (PPE) to prevent the spread of infection. Guidelines on effective infection control and use of PPE were also included in people's care plans and risk assessments. Staff we spoke with understood how to protect people from the spread of infection. They told us, "We are told to always wear gloves and aprons. People we support are vulnerable and using appropriate protective equipment helps to protect them from an infection that could be dangerous to them." People using the service confirmed staff had implemented infection prevention measures when providing care. They told us, "They are very hygienic the company provides them with gloves and aprons."

The agency helped to protect people from harm. People who used the service told us they felt safe with staff who supported them. They said, "I feel thoroughly safe. They are very careful and professional" and "I feel safe, they do the job they're supposed to do." Most relatives we spoke with also gave positive feedback about the safety from staff. Some of their comments included, "I know my relative feels safe because he smiles when they [care staff] come in. They are like part of the family. We can go out and know that our son is safe", "Safe, yes all the carers are ok" and "My relative has live in care 24/7. They [care staff] are like family my relative feels safe and we feel safe." One person told us that a staff member left their shift to attend the office. We discussed this with the general director on the day of our inspection and they told as they would investigate the matter immediately.

The provider had a safeguarding policy in place and staff had received safeguarding training. The staff we spoke with could name different types of abuse and they knew what action to take if they thought somebody was at risk from others. Staff also told us they discussed safeguarding matters in their regular supervision. Some of their comments included, "We are trained in how to recognise many types of abuse. If a person discloses any signs of abuse we must report it with immediate effect to the manager and they will take actions" and "I received training in safeguarding and I know if I suspect any abuse I need to report it to the office or to the police, local authority or the CQC." At the time of our inspection there were no open

safeguarding concerns related to staff to people receiving the service.

There were sufficient staff deployed to support people's needs. Care staff were matched with people based on specific criteria. This included staff and people's individual preferences and geographical proximity to each other. The agency aimed to provide continuity of care to people so they could form trusting and friendly relationships with their care staff. Therefore, most of weekly calls were templated (followed the same weekly scheduling pattern) and the same care staff visited people. Other calls were scheduled at least one week in advance. This ensured all staff planned absences were covered, any potential rota changes could be requested and that all call visits took place as agreed. People and their family members we spoke with did not raise any concerns related to staff punctuality or the continuity of care. A relative told us, "Same carer always comes, continuity makes a big difference. She always arrives on time".

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We saw that each person's care plan included a section related to what decisions people could make and how staff could support them. However, we noted that the quality of information about people's ability to make their own decisions was not consistent across all files. In one person's care plan it simply stated, "I need support" when asked about decision making in relation to self-awareness. In another example, the section related to decision making had been completed with details of the person's care needs. However, we also saw a good example of a care plan, where staff were asked to break complex information down to a person so they could understand it and decide what they wanted to do.

Records showed that staff had received training in MCA 2005. Staff we spoke with understood that people with no capacity were able to make some decisions and staff always needed to ask people for their consent before providing care. They said, "If a person does not have mental capacity I should still encourage them to make their decisions about everyday things", "People with no capacity can make decisions. I need to help them to be more independent by giving simple choices, for example, what to eat or wear" and "If a person refuses to eat or drink, I do not force them. I wait and offer it again later."

This indicated that staff had good understanding of the principles of the Act and how to support people with decision making. However, the lack of sufficient information in people's files meant that some specific knowledge about individuals ability to make decisions could be missed and omitted when supporting people.

We recommend that the agency seeks further training and guidance on how to support people with no capacity to make their own decision.

We saw that when required the agency had carried out mental capacity assessments. These assessments were in line with the principles of the MCA 2005 Act. When appropriate external professionals and people's relatives were involved in the best interest decision process. This ensured that any decisions about people's care were made in their best interest.

People's care needs and personal preferences had been assessed before people started receiving support from the service. Care files we looked at consisted of an initial assessment carried out by the referrer as well as information gathered by the agency's representatives during an initial contact with a person using the service. We saw that information gathered during this process was used to formulate people's care plans. Family members confirmed that staff knew people's needs and that initial preadmission assessment process took place. They told us, "When [my relative] was in hospital the office staff went in and put

something in place so there was a smooth transition out to home" and "They do know his needs well. They know what to do."

People we spoke with, and most of their family members, felt that staff were well trained and they knew what they were doing when providing support. Some of their comments included, "My relative has a [specialist equipment] they are well trained in the use of all the equipment and all his needs", "They do know my relative's needs well. They know what to do. They are very skilled" and "Pretty good skill set. They have got what it takes to do the job." One family member felt that most staff were well trained in the use of the equipment. However, some of them had less training and needed to be upskilled by the family member. They also commented that the agency was proactive in replacing staff who needed additional training to be able to provide safe and effective care.

Records showed that staff had received mandatory training. This included moving and handling, MCA 2005, medicines management and safeguarding adults. Staff were also required to undertake a yearly refresher training in these subjects so their professional knowledge and required skill set were up to date.

Newly employed staff received induction that included mandatory training and introduction to the agency's policies and procedures as well as the care staff role and responsibilities. Furthermore, new staff were required to undertake the Care Certificates. Care certificates are "a set of standards which aim to give confidence that workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support."

Staff also received additional training if people they supported had more complex needs. Records showed, and staff confirmed, that additional training included percutaneous endoscopic gastrostomy (PEG) feeding, dementia awareness, end of life support and suction and Tracheostomy Care (Trache) training. PEG is a medical procedure used to provide people with food or medicines when due to their health condition oral intake is not adequate. All staff we spoke with felt they received appropriate training to help them to provide effective and safe care to people they supported.

Records showed that staff had received regular supervision and appraisal of their skills. We saw that topics discussed in these meetings included safeguarding adults, health and safety issues, matters related to individual people using the service, and staff training and professional development. In staff files we saw records of periodic spot checks. This indicated that the management team at the agency had visited and observed staff direct work with people in people's homes. Staff confirmed they received regular support from their managers. They told us, "My manager calls for a visit and checks on me", "The service has been very supportive in terms of training and ensuring we are equipped well to take on the task that are required in the job" and "My manager is very supportive, we do meet for supervision and we do training, refreshing training, also if I want more training I can contact my manager."

Staff supported people with their meals to ensure people received a nutritious diet in line with their needs and personal preferences. People's care plans included information on their dietary likes and dislikes. When required a nutritional assessment had been completed by the agency to ensure staff had sufficient information on how to support people with their food and drink. When people were supported to receive food via PEG tube, the individual feeding regimes were available in people's files so staff knew how to care for people. Staff recorded food and fluids intake on individual food and fluid charts. Therefore, it was possible to analyse and assess if people ate and drank enough to sustain good health.

People and their family members spoke positively about staff efforts to provide people with appropriate food and drink. Some of their comments included, "My relative's food is blended, purified and drinks are

thickened. Staff know what they're doing. They are very professional", "They're really good they help me with food choices. They always make sure there are yoghurts, fresh veg, cold drinks in the fridge and fruit.

People said staff supported them to live a healthy life and have access to health professionals when required. One person told us about an incident when they were not happy with care provided by a health professional. They said the manager at the agency helped them to address it. In people's files we saw guidelines from health professionals, such as, speech and language therapist (SALT), a district nurse and GPs. The guidelines had been reflected in people's care plans and included information on feeding regimens and safety and skin care management. This meant staff had easy access to information on how to support people. We saw that generally staff had documented care provided to people well. However, we noted that when staff were required to regularly turn people to protect their skin from pressure ulcers this had not always been recorded on respective turning charts. Each repositioning was recorded regularly in people's care notes amongst other information about people's daily care. However, the lack of respective turning charts meant there was no access to quick and concise track record of how often, when and to what position staff repositioned people. We discussed this with the members of the management team and they assured us they would address this matter immediately.

Good

Is the service caring?

Our findings

People who received support from the agency and their family members described care as person centred. They spoke very positively about staff who supported them. Some of their comments included, "They are definitely caring, kind and compassionate. They always call my relative by her name and ask her is it ok to do things", "They are all loving and caring individuals on board like part of the family", "The carers are wonderful. They are caring and understanding because we panic about things and there's no awkwardness" and "When my relative is in a bad mood they reassure her they are very patient."

Staff we spoke with were passionate about their work and spoke kindly about people they supported. They told us, "I am enjoying my job because I am helping people to change their situation for better. Every day I help them as much as I can", "I am doing this because I like caring for people. Initially I just wanted a job but then I realised I had compassion and want to help people so they do not suffer" and "The most important is to consider people's wellbeing. It is a passion for me I want to make people safe and I am there to help them."

Staff communicated with people the way people preferred and could understand. People's care plans included information related do any difficulties people might have because of sight, hearing or speech impediments. We also saw information guiding staff on how they should communicate with people to ensure people understood. For example, one person's care plan stated that they could not speak but could communicate via their body language and various notices. With help of the relatives of the person staff were required to learn to understand the person's specific way of communication. Family members also commented that continuity of care provided by the same care staff helped staff to understand and to know people's communication ways better. A family member told us, "We have the same carer it makes a lot of difference".

The agency employed care staff and provided care to people from a variety of religious and cultural background. We were told by the provider's training and recruitment manager that staff were provided with Cultural Awareness training. This was equality and diversity training that aimed to help staff to understand other cultures and help to build positive rapport with people who used the service. Staff confirmed that they received the training. They said that when providing care, they took into consideration diversity amongst people they supported and how this influenced staff working with them. One care staff told us, "I need to respect people regardless of their religion, culture and ethnicity. I learned to greet people as they do it in their culture so they know I respect them."

Staff encouraged people to make decisions about their every day care and supported people to remain independent as much as they could. All staff we spoke with described how they would involve people in their everyday care regardless of people's skills and abilities. A staff member told us, "I have a very good relationship with the person I support. She always tells me what she wants me to do. I talk to her I do not patronise her. If she asks me I will leave the room because I respect her wishes." Another care staff stated, "The person I support cannot communicate verbally. When dressing them I always show a selection of two outfits and they point at what they would like to wear. This is how we communicate".

People told us that staff respected their privacy and dignity when providing personal care. One person said, "They help with my personal care, washing showering dressing. They always talk to me and keep me covered. They ask me what I need. She's [care staff] very caring". Family members told us, "They [care staff] are good with personal care. They respect my relative's privacy and dignity. The care is individual. Yes, it's about his needs", "Staff respect my relative's privacy and dignity and always talk through things with him", "All personal care is done in bed they are really good with that. They keep him covered and talk through everything with him."

Good

Is the service responsive?

Our findings

Staff provided care that was person centred and sensitive to people's individual needs. The selection of care plans we viewed consisted of a good level of information about people. This included details of who they were, their likes and dislikes, religious and cultural preferences, preferred social activities, hobbies and things people enjoyed doing. Other information included people's medical history, current health and care needs and description of daily routines. Carers could also find information on how the support should be provided for people to feel safe, what were people's concerns and difficulties and how these impacted on people in everyday life.

People and their family members said people's care and support needs had been discussed with them. Most of them said they felt involved in planning of the care provided and that their care plans had been regularly reviewed. Some of their comments included, "I had reviews yearly over [number of] years, no changes", "I've had reviews. The new manager came around a couple of months ago" and "We are fully involved in care." One person told us they did not have a formal review, however, they also stated that they were confident they could contact the agency at any time and any issues would be addressed. All people and relatives we spoke with told us they were receiving regular phone calls from the agency to ask how the care support has been going. All care plans viewed by us had been reviewed within the last 12 months.

Staff we spoke with confirmed that each person they supported had a care plan available at their home. Most staff told us care plans were an important tool used to learn information about people they supported as well as to communicate any changes to people's support needs. Staff told us, "We have a care plan that describes people's needs and I always read it before supporting a new person. I can also inform the office that a person needs had changed and they will come to review it." One staff member told us that although each person had a care plan the level of details in the document varied. They said at times staff had to observe other visiting care staff to find out exactly how to provide care to a particular person.

We found that the overall approach to care planning was of good quality. However, we saw that one person's care plan was formulated by the person's previous support provider and not the agency. Although the same care staff supported the person while they were receiving care from the previous provided and the agency, the lack of up to date care plan meant person's most current needs were not fully reflected. We highlighted this to the management team at the service. They agreed that this should have not happened and they assured us the matter would be addressed immediately.

There was a complaints policy in place and people knew how to make a complaint if they had any concerns about the care provided by the service. Since our last inspection the service received four complaints. Records showed that they were appropriately managed which included a prompt response to raised complaints as well as explanation on action taken to improve the service provided. Most people and their relatives we spoke with told us they were happy with how the service had managed their complaints. Their comments included, "If I needed to make a complaint I'd tell them first then the social worker. They are good at communicating I get lots of phone calls", "A bit of teething problems. They weren't communicating enough so we had a meeting and they are better now" and "I had problems with the first carer. We phoned

up and they changed the carer for me quickly." One relative told us about their recent complaint which they felt the agency was not resolving. We discussed this complaint with members of the management team and they assured us the issue was in the process of being addressed.

The agency had also received five formal compliments from people they supported. These were mostly related to applauding the support provided by care staff and requests for ongoing support to be provided by the preferred care staff.

Some of the people were receiving the end of life support from the agency. This was usually a part of previously formulated with people end of life plan while they were receiving support from other services (i.e. a care home). This meant the agency provided support for people and their families at the very final stages of people's life. This was to allow people to pass away in their home, the environment they felt familiar with and surrounded by their loved ones. Staff had received end of life training to help them to understand the matter and to provide the most appropriate support to people and their families during this difficult time.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we did not find evidence that showed the performance ratings had been displayed at the location. It is a legal requirement for providers to display the CQC performance ratings. At this inspection we found that this has been addressed. We saw that the performance rating from the latest CQC inspection had been displayed at the location as well as on the location's internet website and a newsletter sent to staff employed by the service.

During this inspection we saw that the agency had a quality assurance system in place which aimed to monitor and review different areas of the service provision. This included a range of care record audits, as well as regular staff meetings, supervisions and spot checks of staff direct work in people's homes. We found that these monitoring systems, although carried out regularly, had not identified issues highlighted by us during our inspection. This included some shortfalls around medicines management, the absence of appropriate risk assessments when supporting people with behaviour that might challenge the service and limited records around people's ability to make decisions about their care. This indicated that the current monitoring systems were not fully effective and needed to be improved.
The above is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback received from people using the service, their relatives, staff and external social care professionals indicated that the agency had a kind and supportive culture within the office based personnel. The agency was proactive in responding to changing needs of people using the service and staff who cared for them. During our visit we observed that the management team spoke kindly about their care staff and people receiving support from the agency. In the PIR document submitted to the Commission prior to our inspection the registered manager stated, "The management work as a close team, which helps to develop an open and transparent ethos" and "We are honest with our mistakes, we communicate and discuss issues with our service users and their representatives and learn from them. We exercise our obligation to duty of candour."

People and the clear majority of their relatives spoke positively about the service they received from the agency. They said, "They [agency] have difficulty in getting [employing] staff but they seem to keep them. So, my relative's care team is still there", "Any problems I can talk it out with the manager they sort it out" and "They've got what it takes. They set our minds at ease I don't feel uncomfortable leaving my relative with them."

All staff we spoke with were happy working for the agency and they felt it was well managed. They said, "ANA Islington are responsible, competent, well trained, quality staff. I am happy working for them", "They do not pressure you or ask to cover jobs at the last minute. They understand care staff and their needs" and "They call us and are very supportive. I am very happy working for this agency and I have no complaints."

The agency had systems in place to ensure ongoing communication between the agency, care staff and people who used the service. Two relatives and two staff members told us that the communication from the

agency could be more prompt. However, most people, their relatives and staff we spoke with were happy with the information flow between them and the agency. People and their relatives told us, "I have the list of numbers if I need to contact them. They are good communicators they always let me know if there's any changes", They are good at communicating I get lots of phone calls" and "They have improved the way they communicate. They know that due to [my relative's] condition they can contact me at any time."

Staff we spoke with said, "They (the management team) are very good, proactive, and flexible. At times they could communicate better about rota and scheduling", "They are small but communication could improve. However, they are flexible and they are responsive to my requests" and "Most of the time the service is in good contact with its employees. Sometimes, especially on the weekends, it is difficult to get hold of the office personnel."

Records showed that staff were asked for their feedback about the agency. This took place in regular supervision meetings as well as during staff meetings. In the PIR document the registered manager stated, "We believe in being hands on and constantly being visible to service users and our staff, we are always open to ideas for improvement from any source." Minutes from the latest meeting showed that topics discussed included, various aspects related to running of the agency, staff absence management, communication with the agency and people who used the service. In the minutes we noted that staff were encouraged to put forward any suggestions which could help to improve the service provided by the agency. We saw that the agency had also produced a quarterly newsletter in which they updated staff on various matters related to the service provision and provided lots of interesting and useful tips on best practise when caring for people.

People who used the service and their families were also encouraged to give their feedback on the quality of the care provided by the agency. This had been obtained via regular informal discussion, meetings in people's homes and annual satisfaction surveys. People and their relatives confirmed that they knew the registered manager and the office staff team. A member of the management team told us, "Our service users are very involved with the office. They are vocal about any matters related to the care the agency provides." People using the service and their relatives confirmed that they were happy to contact the office with any issues they might have.

External social care professionals spoke positively about communication and exchange information between them and the service. One external professional stated, "ANA is very good at including us in discussions about patients. I have never had any difficulties in having discussions with any of the staff or management at ANA."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users because: They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service. Regulation 12 (2) (a) (b) They had not ensured the safe and proper management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to: Assess, monitor and improve the quality of the service. Regulation 17(2)(a) Assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Regulation 17(2)(b)